

**35th LEGISLATURE OF THE U.S. VIRGIN ISLANDS**

**COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES**

**CHAIRPERSON – HONORABLE RAY FONSECA**

**Wednesday, June 5, 2024**



**VIRGIN ISLANDS DEPARTMENT OF HUMAN SERVICES**

**TESTIMONY ON**

**THE STATUS OF “MENTAL HEALTH” IN THE TERRITORY**

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1 Good day, Honorable Ray Fonseca Chair of the Committee on Health, Hospitals and  
2 Human Services, Committee members, other Senators present, and the listening and viewing  
3 audiences. I am Averil E. George, Commissioner for the Virgin Islands Department of Human  
4 Services (VIDHS). I come before you today to provide insight into the status of “mental health”  
5 in our Territory, from my department’s perspective.

6 When we attempt to dialogue about “mental health” our intent is often to talk about the mental  
7 wellness of individuals. Mental wellness is a facet of life that is navigated by every one of us,  
8 every day of our lives. We often do not think about mental wellness until situations arise in our  
9 personal lives, at work, in the news, on social media or in the community where the mental  
10 wellness of individuals comes into question. At those times, conversations about mental health  
11 and mental illness start to trend upwards. The apparent proliferation of cases of individuals with  
12 mental illness in the Territory, of visibly homeless persons sleeping and living in open spaces  
13 that are assumed to have mental illness, of persons walking the streets unkept, disheveled and  
14 demonstrating behaviors that appear abnormal or concerning are all indicative of the breadth of  
15 the issues individuals experience. This may be attributed to varying degrees of symptoms  
16 relative to their behavioral health diagnoses. The notable challenges presented because of  
17 mental illness do not only affect the individual experiencing the illness, but also their children,  
18 families, friends, neighbors, and the community.

19 The VIDHS’ mandate and focus are to provide social services that facilitate independence  
20 and self-sufficiency in the lives of vulnerable individuals in our community, especially those who  
21 require an elevated level of support. However, these are the same clients that also need the



22 other services provided by VIDHS. At times, the diagnosed individual needs the services and at  
23 other times their children and other family members need VIDHS and other agencies'  
24 intervention to responsibly manage the impact of mental illness on various areas of their lives.

25 When faced with clients that appear to be experiencing behavioral health challenges, our  
26 programs refer for assessment, evaluation, and services. Depending upon the client's situation,  
27 referrals are made to VI Department of Health Division of Behavioral Health, Alcoholism, and  
28 Drug Dependency Services (VIDOH) or private agencies and providers via individual provider  
29 agreements and via the Medical Assistance Program (MAP or Medicaid). In acute situations we  
30 advise families to take their loved ones to the hospital for commitment, diagnosis, and  
31 stabilization. Some of the most challenging situations occur when persons who are suffering  
32 from a mental illness refuse to undergo evaluation and treatment services. As adults, they have  
33 a right to deny services. We must respect those rights within the law while ensuring that their  
34 choices, which might be impaired, do not result in harm to others. The Department collaborates  
35 with VIDOH to ensure that staff from both agencies that work with the same clients are  
36 knowledgeable about the services being provided and service gaps.

37 As you are aware, the illness itself is what is referred to when people reference mental  
38 health, but the mental health and the behaviors and resulting effects that go along with that is  
39 referred to as behavioral health. The behaviors associated with impaired behavioral health occur  
40 on a continuum. Some behaviors, while obviously what would be considered normal, present no  
41 health risk to themselves or others. These persons fully retain their rights as parents and as



42 people. Often the Department is left with no recourse other than to refer them for evaluation and  
43 treatment and closely monitor after engaging in advocacy and referral services.

44 When VIDHS' involvement is limited to brief or nontreatment services such as financial benefits  
45 and medical insurance to meet their immediate needs, staff provide support by assisting family  
46 members with completing housing applications, assisting, when possible, with referrals for  
47 homeless sheltering, facilitating the application process for our SNAP, Cash Assistance,  
48 Medicaid coverage emergency maintenance services and support to children, families, and our  
49 beloved seniors. We also have Developmentally Disabled Children who fall under the Behavioral  
50 Health category prior to being fully assessed. DHS makes referrals to DOE and has off-island  
51 placements when necessary.

52 We are mindful that the responsibility for serving those that live with mental illness and  
53 the effects on the community cannot solely rest upon one department's shoulders. We currently  
54 meet to consistently activate multisector coalitions such as the Interdepartmental Coordinating  
55 Committee in the planning and implementation of behavioral health services. Behavioral health  
56 concerns must remain a foremost priority in our Territory. Accordingly, the Department of Human  
57 Services remains committed to joining forces with every entity, in addition to VIDO, to improve  
58 the health and wellbeing of the people of these Virgin Islands.

59 As I conclude this testimony, I am very appreciative of my Executive Branch colleagues,  
60 members of this legislative body, Governor Albert Bryan, Jr., and Lieutenant Governor Tregenza  
61 Roach. We at VIDHS will continue to live out our commitment to **“Working Together to Make  
62 a Difference”** for the people of the Virgin Islands. Thank you.